

Families SAVE IDA Program

Participant Application

The items listed below are needed to complete your application and verify your eligibility for the Families SAVE IDA Program. Please provide the documents (as it applies to you) when submitting your application.

Thanks – Bob Moreno (207-6097) and Lisa Elizondo (207-6563)

REQUIRED	IF APPLICABLE
Driver's License or ID	I-94 Card or Resident (if applies) Self and/or other household members
3 Most <u>Current</u> Pay-stubs Self and/or other Household members (if applicable)	
Social Security Card for Self and other household members	Verification of <u>ALL</u> Household Income - SSI, SS, child support, etc.
Prior Year W-2 Form (s) Self and/or other household members (if applicable)	
	1099 Form (if self-employed)
Previous Year Tax Return for Self and/or other Household members (if applicable)	<p style="text-align: center;">MAIL</p> <p style="text-align: center;">Application and Documents to:</p> <p style="text-align: center;">Robert A. Moreno or Lisa Elizondo 115 Plaza de Armas, Suite 220 P.O. Box 839966 San Antonio, Texas 78205</p>
Provide Retirement/Pension Statement of Current Balance (If applicable)	
If interested in homeownership you must attend a Homebuyers class and provide a copy of certificate. (List of affordable housing programs attached)	

ALL DOCUMENTS MUST BE RECEIVED, BEFORE YOUR APPLICATION CAN BE PROCESSED.

DO NOT SEND ORIGINALS, COPIES ONLY.

IMPORTANT PLEASE READ:

Dear Individual Development Account (IDA) participant,

Prior to submitting an IDA application for homeownership you must complete a certified homebuyer education program. Once you have completed the homebuyer's education program please attach a copy of the homebuyer certificate with your application. It is important that all persons interested in homeownership have the basic understanding and education of making home ownership a positive goal to obtain while participating in the IDA program. It is also important that you have a good understanding of your credit report so that you can reach your goal of home ownership.

Below is a list of non-profit affordable housing programs. Please contact these programs and select the one that will address your needs and the needs of your family. These homeownership education programs discuss lender's requirements, credit reports, insurance, property taxes and other items.

Our goal is to help you obtain and maintain homeownership with a positive outcome. Should you have questions, please call Lisa Elizondo 207-6563, or Bob Moreno 207-6097 Fax #207-4254

AFFORDABLE HOUSING PROGRAMS

San Antonio Alternative Housing (SAAHC)	224-2349
Neighborhood Housing Services (NHS)	533-6673
Neighborhood Action Department (NAD)	207-7881
Habitat for Humanity	223-5203
Our Casas	208-9694
Avenida Guadalupe	223-3151
UU Housing	731-8203
Neighborhood Assistance Corp. of America (NACA)	826-2828*
ACORN Housing	432-4663

* Please mention that you are a perspective Individual Development Account holder.

Families SAVE IDA Program Participant Application

Referring Agency: _____

Date: _____

Please note: all information requested on this application form will be kept confidential.

Personal Information

Name: _____ Social Sec. No.: _____ - _____ - _____

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Pager: (____) _____

Gender: Female Male Date of Birth: ____ / ____ / ____

Ethnicity: African American Caucasian
Latino or Hispanic Asian, Pacific Islander
Native American Other (please specify: _____)

Highest Level of Education Completed:

- ☐ Grade K through 5 ☐ Grade 6 through 8
☐ Grade 9 through 12 ☐ High School Diploma or GED
☐ Some college ☐ Graduated junior college (2 year)
☐ Graduated college (4 year) ☐ Attended graduate school

How did you hear about the Families SAVE IDA Program? **(Select one)** Family/Friend School
Work City of San Antonio Community Agency Other: _____

Do you have any special needs staff should know about? _____

Household Information- all members residing in address listed above.

How many adults (17yrs and older) currently live in participant's household: _____

Name of adult (Self not included)	Relationship To Applicant	Date of Birth	Employer: Name and Phone	Gross Monthly Income

How many children (under 17yrs) currently live in participant's household: _____

List Ages: _____

Applicant's marital status: ☐ Single (never married) ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

What is the primary language spoken in your household? _____

Do You **and/or** Members of Your Family Receive Health Insurance or Medical Assistance?

- ☐ Yes, if so what kind _____
☐ No

Applicant Goal Statement

What is your asset goal (select only one)? _____ Homeownership IDA or
_____ Post Secondary Education IDA - For what college or University? _____

Are you able to save and deposit \$32 per month? Yes No If no, how much can you save? _____

Are you a participate with the San Antonio Housing Authority (SAHA)? Yes or No

Emergency Contact Information

Please list a relative or friend who would definitely know how to contact you, even if you move:

Name: _____ Phone: (____) _____
 Street: _____ Apt #: _____
 City: _____ State: _____ Zip Code: _____

Employment Information

Primary Employment Status (choose one):

- | | |
|---|--|
| <input type="checkbox"/> Employed more than full-time (overtime or more than one job, for yourself or others) | <input type="checkbox"/> Currently seeking employment |
| <input type="checkbox"/> Employed full-time (for yourself or others) | <input type="checkbox"/> Homemaker, not seeking employment |
| <input type="checkbox"/> Employed part-time (for yourself or others) | <input type="checkbox"/> Currently in school or job training |
| <input type="checkbox"/> Working and in school or job training | |
| <input type="checkbox"/> Laid off, waiting for call back | |

Employer: _____ Phone: (____) _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Name of Supervisor: _____

Income Information

Income of all household members - please list gross income (before taxes):

<u>Category</u>	<u>Last Month</u>
Formal employment (wages)	\$ _____
Self-employment (selling things you make, doing laundry sewing, childcare, etc.)	\$ _____
TANF	\$ _____
Food Stamps	\$ _____
SSI	\$ _____
Social Security	\$ _____
Unemployment Benefits	\$ _____
Veteran's Benefits	\$ _____
Pensions or retirement income	\$ _____
Child support /alimony payments	\$ _____
Friends or family	\$ _____
Investment income	\$ _____
Other (please specify: _____)	\$ _____

Assets & Liabilities (circle yes or no)

Do you own a vehicle(s)?	Yes	No	Value of vehicle(s):	\$ _____
			Outstanding vehicle loan(s):	\$ _____
Do you own a home?	Yes	No	Value of home:	\$ _____
			Outstanding mortgage	\$ _____
Do you own a business?	Yes	No	Value of business:	\$ _____
			Outstanding loan(s):	\$ _____
Do you own residential Rental property or land?	Yes	No	Value of property:	\$ _____
			Outstanding property loan:	\$ _____
Do you own stocks, bonds, 401k, or other investments?	Yes	No	Value of investments:	\$ _____
Do you have a checking account?	Yes	No	Amount in account:	\$ _____
Do you have a savings account (other than an IDA)?	Yes	No	Amount in account:	\$ _____
Do you owe money to friends or family?	Yes	No	Amount you owe:	\$ _____
Do you have past due household bills?	Yes	No	Amount past due:	\$ _____
Are you carrying a balance on credit card(s)?	Yes	No	Amount of balance(s):	\$ _____
Do you have outstanding student loans, or medical bills?	Yes	No	Outstanding loans:	\$ _____
			Outstanding balance:	\$ _____

Applicant Certification

The undersigned certifies that all of the information provided is true and complete. Any discrepancies or omissions found later may disqualify me from participation in the program. The undersigned authorizes the Department of Community Initiatives to verify any and all information provided including, but not limited to, employment history, rental history, and sources of income and household size as needed to determine eligibility for the Individual Development Account (IDA) program. My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge.

Applicant's Signature _____

Date _____

For Office Use Only

Date received: _____ Application reviewed by: _____

Grant I: _____ Household Income: _____
Grant II: _____ Household Size: _____

_____ Accepted _____ Denied

Comments: